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## \*BIBDATASHEET\*

CONFIRMATION NO. 3768

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/040,789	<b>FILING OR 371(c) DATE</b> 01/09/2002 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 4303-4003US5
<b>APPLICANTS</b> Gregory Pinchasik, Herzeliya, ISRAEL; Jacob Richter, Ramat Hasharon, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/516,753 03/01/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/04/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 17
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 27123				
<b>TITLE</b> Longitudinally flexible stent				
<b>FILING FEE RECEIVED</b> 2146	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	